

REQUEST FOR MILITARY HONORS

For use of this form, see USAARMC Reg 210-6

DECEASED:

MISSION # _____

NAME _____ SSN _____ GRADE _____

ACTIVE DUTY _____ RETIRED _____ VETERAN _____

FUNERAL:

FUNERAL SERVICE _____ ADDRESS _____

TIME _____ DATE _____

FUNERAL HOME _____ PHONE _____

ADDRESS _____

BURIAL PLACE _____

DETAIL REPORT TO _____ TIME _____

CASUALTY ASSISTANCE OFFICER _____

DUTY PHONE _____ HOME PHONE _____

HONORS PROVIDED:

OIC/NCOIC _____ FIRING TEAM _____ PALLBEARERS _____

BUGLER/TAPE RECORDER _____ FOLD FLAG _____

SERVICE REPRESENTATIVE _____

CHAPLAIN _____ RELIGIOUS PREFERENCE _____

PERSONS NOTIFIED:

113TH ARMY BAND _____ DATE/TIME _____

UNIT POC _____ DATE/TIME _____

CHAPLAIN _____ DATE/TIME _____

BURIAL ON POST:

PERSON NOTIFIED AT MP _____ DATE/TIME _____

ENTRANCE AND ARRIVAL TIME _____

PERSON NOTIFIED AT AIRFIELD _____ DATE/TIME _____

ACTION BY UNIT

PERSON NOTIFIED AT UNIT _____ DATE/TIME _____

DETAIL OIC/NCOIC (NAME & GRADE) _____

DETAIL DEPARTURE TIME & DATE _____

PERSON NOTIFIED AT 113TH ARMY BAND _____ DATE/TIME _____

BUGLER (NAME/RANK) _____

PERSON NOTIFIED AT TMP _____

REQUEST RECEIVED BY _____ DATE/TIME _____

MISSION COMPLETED _____ DATE/TIME _____